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ABSTRACT

Research dealing with population and family planning in specific Latin American countries is summarized in this collection of demographic studies. Countries for which information is provided include Argentina, Barbados, Bolivia, Brazil, Chile, Colombia, Costa Rica, Guatemala, Haiti, Honduras, Jamaica, Mexico, Nicaragua, and Peru. Each country lists demographic statistics for 1965 and 1970 followed by the name of the specific study or studies; the sample used for the study; the number, sex, location, age, education, economic status, fertility, and religiosity of the sample if available; attitudes on fertility if applicable to the study; and general comments or conclusions drawn from the study. Ample statistical data supplements the narrative information. A bibliography of materials about knowledge, attitudes, and practices of family planning is furnished. (BL)

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ANALYSES OF SOME STUDIES ON KNOWLEDGE, ATTITUDES AND PRACTICES OF FAMILY PLANNING IN SEVERAL LATIN AMERICAN COUNTRIES

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New York, 1971

SE 012 104

C O N T E N T S

ARGENTINA

BARBADOS

BOLIVIA

BRAZIL

CHILE

CHILE

COLOMBIA

COSTA RICA

GUATEMALA

HAITI

HONDURAS

JAMAICA

MEXICO

NICARAGUA

PERU

MISCELLANEOUS

ARGENTINA

DEMOGRAPHIC BACKGROUND

POPULATION	1965	1970
1.- TOTAL POPULATION.....	22,545,000	24,352,000
2.- DENSITY (Kms^2 2,776,889)	8	9
3.- PERCENTAGE OF POPULATION UNDER 15 YEARS OF AGE.	30.0	29.3
4.- No. FEMALES 15-49 YEARS	5,611,000	6,035,000
5.- PERCENTAGE FEMALES 15-49 YEARS:		
A) OF TOTAL POPULATION	24.9	24.8
B) OF FEMALE POPULATION	50.2	49.8
6.- PERCENTAGE OF URBAN POPULATION	76.4	78.9

SOURCES:

1. Celade: Boletin Demografico. Year 3 No. 6. Santiago de Chile. July 1970. Table I
3.4.&5. Estimates from Basic Data of: CELADE: Boletin Demografico. No. 4. Santiago de Chile. July 1969. Table II
6. Celade: Boletin Demografico. Year 2 No. 3 Santiago de Chile. January 1969. Table II

ARGENTINA

1. Rothman, Ana María. La Fecundidad en Buenos Aires según algunas Características Demográficas y Socio-Económicas. Santiago, Chile: Centro Latinoamericano de Demografía, Universidad de Chile, 1967.

Sample: Based on CELADE Comparative Fertility Surveys Programs (1964, survey)

#	:2000
Sex	: F
Location	: Buenos Aires
Age	: 20-50
Education	: all levels
Ec. Status	: all levels
Fertility	: Relatively low fertility levels as compared with 6 other Latin American cities studied by CELADE. 17.4/1000 crude birth rate. Avg. # children of women 20-50: 1.49.
Religiosity	: --

No Discussion of Attitudes in Study

Other Comments

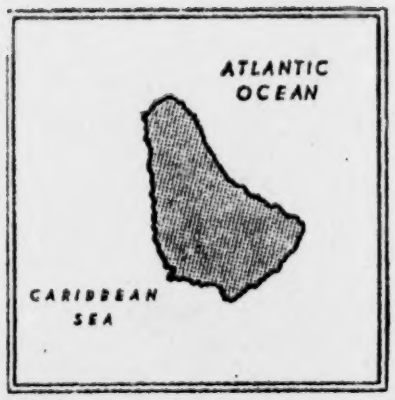
1. Differences in the average number of children according to different characteristics of the mother were not pronounced because of the homogeneity of the area, highly urbanized and developed, and the reduced levels of fertility.

2. Other factors more important than urban residence in determining lowest fertility levels were occupation or educational level.

3. At the highest levels of instruction: The number of children of women with university education is greater than that women with secondary education.

4. Use of contraceptives is so widespread in Buenos Aires that differences by educ, class, etc. are very small.

BARBADOS



DEMOGRAPHIC BACKGROUND

POPULATION	1965	1969
1.- TOTAL POPULATION.....	244,000	254,000
2.- DENSITY (Kms^2 430)	567	591
3.- PERCENTAGE OF POPULATION UNDER 15 YEARS OF AGE	38.9	37.2 (1968)
4.- NO. FEMALES 15-49 YEARS	58,800	62,500
5.- PERCENTAGE FEMALES 15-49 YEARS:		
A) OF TOTAL POPULATION	24.1	24.6 (1968)
B) OF FEMALE POPULATION	43.6	44.7 (1968)
6.- PERCENTAGE OF URBAN POPULATION		

SOURCES:

1. United Nations Demographic Yearbook, New York 1970, Table 4.

3, 4, & 5. United Nations Demographic Yearbook, New York 1970, Table 6 for 1969; United Nations Demographic Yearbook, New York, Table 6, for 1965.

BARBADOS

1. Robert, G.W; Cummins, G.T; Byrne, J; and Alleyne, C. "Knowledge and Use of Birth Control in Barbados." Demography, Vol. IV,No. 2, 1967, pp.576-600.

Sample (Study done in 1964)

#	: 1512
Sex	: F
Location	: Barbados (15 "enumeration districts of 1969 Census"
Age	: 15-50
Ec Status	: --
Education	: --
Fertility	: --
Religiosity	: --

Conclusions

1. 88% of sample had some knowledge of birth control devices.
2. Married and "visiting" union (not sharing household) types make most use of birth control mechanisms (as opposed to common law and single).
3. The partners of the females constitute a powerful force urging the use of contraception of all types.
4. Females professing to Methodist religion show the larger proportion of users of birth control; Catholics have a comparatively low proportion of users.
5. Males in many cases are responsible for getting their partners to use some of the methods accepted.

BOLIVIA

DEMOGRAPHIC BACKGROUND

POPULATION	1965	1970
1.- TOTAL POPULATION.....	4,136,000	4,658,000
2.- DENSITY (Kms^2 1,098,581)	4	4
3.- PERCENTAGE OF POPULATION UNDER 15 YEARS OF AGE.	42.3	42.6
4.- No. FEMALES 15-49 YEARS	983.000	1,087,000
5.- PERCENTAGE FEMALES 15-49 YEARS:		
A) OF TOTAL POPULATION	23.8	23.3
B) OF FEMALE POPULATION	47.2	46.6
6.- PERCENTAGE OF URBAN POPULATION	32.5	35.5

SOURCES:

1. Celade: Boletin Demografico. Year 3 No. 6. Santiago de Chile. July 1970. Table I
3.4.&5. Estimates from Basic Data of: CELADE: Boletin Demografico. No. 4. Santiago de Chile. July 1969. Table II
6. Celade: Boletin Demografico. Year 2 No. 3 Santiago de Chile. January 1969. Table II

BOLIVIA

1. Centro de Estudios de Población y Familia. Condicionamientos Socioculturales de la Fecundidad en Bolivia. La Paz: Centro de Estudios de Población y Familia, 1969, 198pp.

Sample

#	: 2,468
Sex	: F
Location	: Department of La Paz (altiplano), Cochabamba (Valley), and Santa Cruz Rural & urban areas (Tropics)
Age	: 15-50(Avg.30.8)
Education	: Low (60%- no educ. in rural areas of La Paz)
Ec. Status	: Low (Urban residents make about 100% more than rural)
Fertility	: Relatively high: 2.9-4.03 pregnancies.
Religiosity	: 96%of entire sample are Catholic with frequent attendance of religious services.

Percentage Distribution of Respondants according to Opinion on Limitation of the Family by Areas

It seems good to Limit Births	La Paz		Cochabamba		Santa Cruz	
	Urban	Rural	Urban	Rural	Urban	Rural
Yes	81.3	62.3	77.6	64.6	75.0	69.3
No	14.9	28.9	20.0	34.4	25.0	30.[illegible]
No Reply	3.8	8.8	2.4	1.0	--	0.5
Total	100.0	100.0	100.0	100.0	100.0	100.0

Other Comments

1. Inhabitants of Department of Santa Cruz earn highest incomes followed by residents of Cochabamba and La Paz with the least.
2. Urban dwellers much more informed about contraceptive methods than rural (about 65% urban/ 39% rural).
3. In La Paz and Santa Cruz, the proportion of women favoring limitation of family decreases as the number of children increases. Cochabamba: the greater the number of children, the greater the desire to limit family size.
4. In general, data shows a tendancy towards a more modern family in the Departments of Santa Cruz and La Paz while in Cochabamba a more traditional character is generally conserved.

BRAZIL

DEMOGRAPHIC BACKGROUND

POPULATION	1965	1970
1.- TOTAL POPULATION.....	80,954,000	93,245,000
2.- DENSITY (Kms^2 8,511,965)	10	11
3.- PERCENTAGE OF POPULATION		
UNDER 15 YEARS OF AGE.	42.5	42.0
4.- No. FEMALES 15-49 YEARS	18,878,000	21,862,000
5.- PERCENTAGE FEMALES 15-49 YEARS:		
A) OF TOTAL POPULATION	23.3	23.4
B) OF FEMALE POPULATION	46.7	47.0
6.- PERCENTAGE OF URBAN POPULATION	44.0	47.6

SOURCES:

1. Celade: Boletín Demografico. Year 3 No. 6. Santiago de Chile. July 1970. Table I
3.4.&5. Estimates from Basic Data of: CELADE: Boletin Demografico. No. 4. Santiago de Chile. July 1969. Table II
6. Celade: Boletin Demografico. Year 2 No. 3 Santiago de Chile. January 1969. Table II

BRAZIL

1. IBOPE. Pesquisa de Opinião publica sôbre a Conveniência do uso de anticoncepcionais. (Trabalho patronizado pela Fundação Bem Estar da Familia) São Paulo, Brasil, 1966, 77pp. (mimeo).

Sample

#	: 2800	
Sex	: M&F	
Location	: Rio de Janeiro	(500)
	São Paulo	(500)
	Belo Horizonte	(400)
	Pôrto Alegre	(400)
	Fortaleza	(300)
	Recife	(400)
	Salvador	(300)
Age	: to 49 yrs. (men) ; to 45 yrs. (women)	
Education	: Random	
Ec. Status	: Random	
Fertility	: avg. 2.73 living children/ 3.36 deliveries	
Religiosity	: --	

Low Fertility Attitudes (of those who didn't want more children)

1. For reasons of health, his (her) own, or spouse's: 29%
2. Because I don't have the means to educate, feed and clothe them: 40%
3. Because in spite of earning sufficient income, if I had more children I would sacrifice the well-being of the others I already have: 20%
4. In order not to sacrifice the well-being of the household: 11%

High Fertility Attitudes (among those who would not use contraceptive method)

Q: Why would you not use contraceptive methods to avoid pregnancy?
1. Danger to health: 50%
2. For religious reasons: 36%
3. Can't explain and doesn't know reason. 14%

Other Comments

1. 79% of the respondants said they didn't have the money to raise more children than already had. (Highest: Belo Horizonte 87%; lowest: Fortaleza 65%) Women were more in agreement with this than men, especially in the cities of the Northeast:

	Men	Women
Fortaleza	60%	69%
Recife	67%	73%

2. Of the sample, 27%: Would like to have more children;
   28%: Would like to have more children but cannot;
   45%: Don't want to have more children.
   City with largest % who would not like to have more children:
   Sao Paulo: 52%
   City with smallest % who would not like to have more children:
   Salvador: 38%
   Women in general want fewer children.

3. Over 70% of the respondants in all of the cities had heard of contraceptive methods, (ie. in Fortaleza where 86% of women knew of birth control) with upper classes in all cities, better informed.

4. Over 80% said contraception would be a good way to stop induced abortions.

5. In your personal case, in a case of necessity, would you be able to use a contraceptive method to avoid pregnancy?
   Yes: 82%
   No : 14%
   no opinion: 4%
   The more cultured, the greater the tendancy for women to use contraceptive methods.

(BRAZIL-cont.)

2. Berquo, Elsa S., Marques, Rubens M., Milanesi, Maria L., Martins, Jose S., Pinho, Eunice and Simon, Imre. "Levels and Variations in Fertility in São Paulo." The Milbank Memorial Fund Quarterly, Vol. XLVI, No. 3, July 1968, part 2, pp. 167-185.

Sample

#	: 3,009
Sex	: F
Location	: São Paulo
Age	: 15-49
Education:	: (27.2% studied beyond grammar school)
Ec. Status	: --
Fertility	: (highest at ages 20-30)
Religiosity	: --

Low Fertility Attitudes

1. 70.4% said they would like to have as many as 3 children (ideal of small family)
2. Most frecuently indicated reasons for not having more children than the "ideal" number are predominantly economic (76.9% of 2,763)
3. A reason of second importance is "more attention to the children." (17.9%)

High Fertility Attitudes (did not want less than the indicated ideal)

1. "Children are the happiness of a family" (39.5%)
2. "Some may die" (16.7%)
3. Religious and moral reasons (1.3%)

In other words, 94.8% of the women gave rational reasons to limit the number of children, but 57.5% gave traditional reasons not to have fewer that the indicated "ideal".

CHILE

DEMOGRAPHIC BACKGROUND

POPULATION	1965	1970
1.- TOTAL POPULATION.....	8,708,000	9,780,000
2.- DENSITY (Kms^2 756,945)	12	13
3.- PERCENTAGE OF POPULATION UNDER 15 YEARS OF AGE.	40.2	39.3
4.- No. FEMALES 15-49 YEARS	2,062,000	2,343,000
5.- PERCENTAGE FEMALES 15-49 YEARS:		
A) OF TOTAL POPULATION	23.7	24.0
B) OF FEMALE POPULATION	46.7	47.3
6.- PERCENTAGE OF URBAN POPULATION	67.4	70.4

SOURCES:

1. Celade: Boletín Demografico. Year 3 No. 6. Santiago de Chile. July 1970. Table I
3.4.&5. Estimates from Basic Data of: CELADE: Boletin Demografico. No. 4. Santiago de Chile. July 1969. Table II
6. Celade: Boletin Demografico. Year 2 No. 3 Santiago de Chile. January 1969. Table II

CHILE

1. Centro Latinoamericano de Demografía. "La fecundidad en Latino América: una encuesta experimental para medir actitudes, conocimiento y comportamiento." Demography, Vol. 2., 1965, pp. 97-114

Sample

#	: 71
Sex	: F
Location	: Rural area surrounding Colina, small town 25 Km from Santiago
Age	: 32 (median age)
Education	: 2nd yr. primary school (majority)
Ec. Status	: Low ($30/month avg. family income)
Fertility	: High
Religiosity	: --

High Fertility Attitudes

1. Children are an economic advantage (30%)
2. Big families are happier (25%)

Low Fertility Attitudes

1. To avoid worsening present economic condition
2. To reduce worry and excessive work of father or mother
3. To improve standard of living
4. Improve children's future, ie.educ.
5. Create better family life (less fight)

(five primary motives)

Other Comments

Favored low fertility:	59%
Favored high fertility:	14-17%
Total ambivalence:	18-22%
Impossible to classify:	3-4%

Sample had high fertility but expressed attitudes of low fertility. One in two women had some awareness of contraception, but ideas were vague and unexact. 10-50% had detailed knowledge of contraceptive methods.

Attitudes include no mention of individual benefits of low (or high) fertility nor benefits to national welfare. Rather, primary awareness is of the relationship between poverty and a numerous family.

Behavior of Roman Catholics with respect to birth control was not different from that non-Catholic homes.

2. Requena B., Mariano. "Studies on Family Planning in the Quinta Normal District of Santiago." Milbank Memorial Fund Quarterly. Vol. XLIII, No. 4, Oct. 1965, pp69-99.

Sample

#	: 364
Sex	: F
Location	: Quinta Normal, Santiago
Age	: --
Education	: --
Ec. Status	: --
Fertility	: --
Religiosity	: --

High and low fertility motives were not sought by the study, but some correlation between religious attitudes and decision to accept contraceptives was made as follows:

Requena B., Mariano. (Cont.)

TABLE 17. PERCENTAGE AND RATIO DISTRIBUTION OF 364 WOMEN BY ACCEPTANCE OF OFFER OF CONTRACEPTIVES, VISIT TO CLINIC, RELIGION, ACCEPTANCE OF ECCLESIASTICAL AUTHORITY, AND LENGTH OF RESIDENCE (QUINTA NORMAL, 1962–63)

	Total		Acceptance of Offer of Contraceptives		Visited Clinic	
	Number	%	Accepters (%)	No. willing per no. not willing (Ratio)	Attenders (%)	No. who visited per no. who did not (Ratio)
Religion						
Catholic	333	91.5	82.6	4.7	68.5	2.2
other	22	6.0	72.7	2.7	62.5	1.7
none	8	2.2	87.5	7.0	85.5	6.0
unknown	1	0.3	—	—	—	—
Do you think Church has right to forbid practice of contraception?						
has a right	50	13.7	82.6	2.8	62.1	1.6
no right	275	75.6	72.7	5.4	69.6	2.3
non-Catholic	30	8.2	—	—	—	—
unknown	9	2.5	—	—	—	—
Duration of residence in Santiago						
0–9 years	43	11.8	74.4	2.9	78.2	3.6
10 yrs. or more	62	17.0	82.2	4.6	64.6	1.8
lifetime	230	63.2	83.5	5.1	66.3	1.9
unknown	29	8.0	—	—	—	—
Total	364	100.0	82.1	4.6	68.6	2.2

3. Requena B., Mariano and Tegualda Monreal. "Evaluation of Induced Abortion Control and Family Planning Programs in Chile" The Milbank Memorial Fund Quarterly, Vol. XLVI, No. 3, July 1968, part 2.

(General study, no use of sample)

Comments:

1. In the lowest socio-economic-cultural level groups of a community like the Chilean, when a program of family planning starts with intensive educational action and at the same time with insufficient supply and distribution of contraceptives, the incidence of induce abortion increases. The women and the couples receive the impact of the educational side of the program and begin to think of family limitation, but without sufficient resources or rational means. As a result, they resort to the use of induced abortion.

2. High abortion rate is good indication of desire of couples for a small number of children. At least 1 in 5 pregnancies is voluntarily interrupted.

3. In 1965, in La Calera (50% rural) of 954 women interviewed, 794 (83.2%) desired a small family and only 17.5% disapproved of the idea of family limitation. (See Rath, F. and Requena B, M. "Attitudes. Knowledge and Opinion of Family Planning and Contraceptives", made in 1965, now in stage of tabulation and analysis.)

(CHILE-cont.)

4. Tabah, Leon, and Samuel, Raúl. "Preliminary Findings of a Survey on Fertility and Attitudes toward Family Planning in Santiago, Chile" Research in Family Planning (Clyde V. Kiser, ed.), Princetown University Press, 1962, pp.263-304.

Sample (Preliminary Report: Field work carried out Nov.-Dec. 1959)

#	: 1,970
Sex	: F
Location	: Greater Santiago (1.6-1.7 million inhabitants)
Age	: 20-50
Education	: all levels
Ec. Status	: all levels
Fertility	: --
Religiosity	: Great majority-Catholic.41% attend religious services at least once/week; 80% said that religion occupied a part or major share of their thoughts.

General Comments:

1. The ultimate fertility of married women declines at least 50% between the two extremes of the educational or economic scale.
2. Ideal number of children, in the opinion of the women interviewed, is among the highest encountered so far, the average or more is over 4. (Ideal figure is lower than the actual fertility among the poorer and less educated classes. Among the better educated and wealthier classes, the ideal is also 4 or slightly less (higher than actual fertility).
3. Questions regarding contraceptive practices were not asked. Asked views on persons who deliberately limited the size of their families: 40% favored birth control for those whose health might be endangered, 20% were unreservedly opposed to birth control.
4. The actual fertility of the married women is statistically unrelated to their views on birth control, whereas replies as to the ideal number of children are directly related to birth control.

5. Solari, Canessa, Guido and González Cortés, Gerardo, Actitudes de Obstetras y Ginecólogos sobre la Regulación de la Natalidad. Santiago, Chile: Centro Latinoamericano de Población y Familia, 1967, 141pp. (mimeo).

Sample (Study done in 1966)

#	: 162	44 gynecologists 44 obstetricians 74 ob-gyn (both)
Sex	: M&F	141 men 21 women
Location	: Santiago	All were obstetricians and gynecologists working part or full time in the central hospitals of the 5 hospitals areas of Santiago. North: Hospital José Joaquín Aguirre South: Hospital Ramón Barros Luco East: Hospital Salvador West: Hospital San Juan de Dios Central: Hospital San Francisco de Borja
Age	: 25-49 (majority)	
Ec. Status	: high	
Education	: high	
Fertility	: --	
Religiosity	: 47% professed no religion; 46 Catholic; 2% Protestant; 2% Jewish. (Of the Catholic group, 49% had low religious observance.)	

(36% belonged to some organization related to birth control, and 73% of this 36% were members of the Asociación Chilena de Protección de la Familia.

(Cont.)

(CHILE-cont.)

(Solari cont.)

Attitudes of physicians towards patients:

1. The majority of doctors studied had an active attitude toward patients as regards discussing birth control yet an important minority (24%) counsel on the subject only when the patient asks for it.
2. Majority of doctors accept that birth control begin from the time of marriage.
3. Advise on the IUD is given primarily with a growing number on the pill in private practice.

Attitudes Regarding a Policy of Birth Control

1. Almost unanimously demonstrate favorable attitude toward existance of birth control, especially necessary as a means of resolving demographic and socio-economic problems on a global and family level. Some believed it would also be a means of diminishing criminal abortion.
2. Faced with the possibility of legalizing abortion in Chile, the majority were unfavorable. An important minority, however, (33%) believed it would be a practical method for Chile.

Variables: The variables which most accounted for differences in attitudes toward patients, contraceptive methods and birth control policy were:

1. The Speciality: Obstetricians prefers pills for patients while gynecologist lean more towards the diaphragm. 25% of obstetricians favor legalization of abortion while 50% of gynecologists favor legalization of abortion.
2. Religious affiliation and observance.
3. Membership in organizations related to birth control.
4. Hospital where doctors worked.

(cont.)

(CHILE-Cont.)

(Solari cont.)

Thus: 1. Correlation of Barros Luco Hospital obs and gyns -- smallest number of Catholic doctors with the lowest level of religious observance, favorable attitude toward abortion, prefer IUD, many are members of the Family Planning Association (over 50%)
2. Correlation of Hospital José Joaquín Aguirre and H. Salvador strong majority of Catholics with 85% high religious observance, against abortion, favor pills, few are members of the FPA (33%).

COLOMBIA

DEMOGRAPHIC BACKGROUND

POPULATION	1965	1970
1.- TOTAL POPULATION.....	18,692,000	22,160,000
2.- DENSITY (Kms^2 1,138,914)	16	19
3.- PERCENTAGE OF POPULATION UNDER 15 YEARS OF AGE.	46.8	47.0
4.- No. FEMALES 15-49 YEARS	4,150,000	4,916,000
5.- PERCENTAGE FEMALES 15-49 YEARS:		
A) OF TOTAL POPULATION	22.2	22.2
B) OF FEMALE POPULATION	44.2	44.3
6.- PERCENTAGE OF URBAN POPULATION	52.5	57.7

SOURCES:

1. Celade: Boletín Demografico. Year 3 No. 6. Santiago de Chile. July 1970. Table I
3.4.&5. Estimates from Basic Data of: CELADE: Boletin Demografico. No. 4. Santiago de Chile. July 1969. Table II
6. Celade: Boletin Demografico. Year 2 No. 3 Santiago de Chile. January 1969. Table II

COLOMBIA

1. Jaramillo-Gómez, Mario. "Medellín: A Case of Strong Resistance to Birth Control, Demography, Vol. 5, No.2, 1968, pp.811-827.

Sample

#	(no cited)	This study is a summary of other studies and points out the contrasting attitudes of leadership and the populace in Medellín.
Location	: Medellín	
Age	: --	Characteristiscs of Medellín:
Education	: High	1. Prosperous
Ec. Status	:Leadership	2. Excellent health services
Fertility	: --	3. Veneration for maturity and fertility.
		4. Considerable influence of Church
		5. Puritanism in social life.

High Fertility Attitudes (of leaders toward people)

1. Religious leaders:
   a. Innocence of the people regarding contraceptives should be respected.
   b. Sexual education is responsibility of Church alone.
   c. Birth control does not improve health.
2. Doctors (over 100 MD's):
   a. Use of contraceptive devices perturbs the physiology of reproduction and affects the normal functioning of the uterus.
   b. Danger of uterine infection
   c. Unethical and immoral.
3. Other enemies of birth control:
   a. Fear hypothetical unbridling of sexual instinct which, according to them, is curbed by the fear of pregnancy.

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2. Ordoñez, Myriam. "Relaciones entre Movilidad Social y Fecundidad en Bogotá," Regulación de Natalidad, Conocimientos, Actitudes y Prácticas de la Población Colombiana, 1968, pp.120-146.

Sample

#	: (not cited)
Sex	: F
Location	: Bogotá
Age	: --
Education	: None or only primary (69.5%)
Ec. Status	: cross-section (53% of husbands: specialized manual occupations)
Fertility	:

High Fertility Attitudes

1. Like a lot of children
2. Religious reasons

Low Fertility Attitudes

1. Mother's health
2. Economic (insufficient income)
3. Family well-being
4. To raise children better

Charts which follow correlate attitudes with education, occupation of husband, mobility, degree of urbanization and place of origen.

CUADRO 3

Motivos para aceptar la limitación de la familia, según nivel educativo de la mujer.

Nivel educativo	*En ningún caso*	*Salud de la madre*	*Falta de dinero*	*En todos los casos*	*Total*
Sin educación	28.42	15.79	54.74	1.05	100.00
Prim. 1 a 3 años	26.46	11.08	59.38	3.08	100.00
Prim. 4 y más	17.86	10.71	65.71	5.71	100.00
Prim. completa	19.93	15.13	60.15	4.80	100.00
Sec. 1 a 3 años	8.73	16.16	70.74	4.37	100.00
Sec. 4 y más	8.57	20.95	63.81	6.67	100.00
Sec. completa .. ....'....	6.38	19.15	63.83	10.64	100.00
Univ. 1 a 4 años	7.14	7.14	71.43	14.29	100.00
Univ. 5 y más	——	——	71.43	28.57	100.00
TOTAL	18.25	14.27	62.77	4.70	100.00

X^2 = 75.55; D. F. = 24; Significativo al .01.

Mobility:

CUADRO 5

Motivos para aceptar la planificación familiar, según movilidad intrageneracional.

Movilidad intrageneracional	*En ningún caso*	*Salud de la madre*	*Falta de dinero*	*En todos los casos*	*Total*
Arriba 2	11.63	20.93	60.47	6.98	100.00
Arriba 1	21.85	17.22	57.62	3.31	100.00
No cambió	18.76	12.66	64.21	4.37	100.00
Abajo 1	17.95	14.10	65.38	2.56	100.00
Abajo 2	8.00	32.00	60.00	——	100.00
TOTAL ...., ...	18.61	14.07	63.21	4.12	100.00

X^2 = 16.72; D. F. = 12; no es significativo al .05.

Against family planning:

Degree of urbanism:

CUADRO 10

Acuerdo con los motivos en contra de la planificación familiar, según urbanismo de la pareja.

Lugar de nacimiento		*De acuerdo*			*En desacuerdo*			
Marido	*Mujer*	*Gusta hijos*	*Religión*	*Otros*	*Gusta hijos*	*Religión*	*Otros*	*Total*
Bogotá								
	Bogotá	44.03	20.15	0.75	13.43	17.91	3.73	100.00
	Urbana	28.95	23.68	2.63	7.89	34.21	2.63	100.00
	Rural	28.04	31.78	6.54	13.08	17.76	2.80	100.00
Urbano								
	Bogotá	32.56	27.91	2.33	6.98	30.23	——	100.00
	Urbana	33.72	23.26	3.49	6.98	32.56	——	100.00
	Rural	44.44	23.61	6.94	6.94	15.28	2.78	100.00
Rural								
	Bogotá	39.36	20.21	3.19	11.70	25.53	——	100.00
	Urbana	32.50	21.25	7.50	15.00	22.50	1.25	100.00
	Rural	31.12	38.80	5.19	9.96	13.90	1.04	100.00
TOTAL		34.15	30.11	4.58	10.56	19.10	1.50	100.00

X^2 = 86.35; D. F. = 40; Significativo al .01.

Ordoñez (cont.)

Educational level of couple:

CUADRO 9

Acuerdo con las razones para evitar los hijos, según nivel educativo de la pareja.

Nivel Educativo Marido	Mujer	*Bienestar familia*	*Criar mejor los hijos*	*Salud de la madre*	*Otros*	*No Acepta*	*Total*
Baja							
	Baja	47.64	16.93	3.66	11.42	15.35	100.00
	Media .. .	47.52	20.79	7.92	6.93	16.83	100.00
	Alta	50.00	—	—	—	50.00	100.00
Media							
	Baja	54.41	13.73	4.90	10.78	16.18	100.00
	Media .. .	55.71	16.67	6.67	5.48	15.48	100.00
	Alta	42.86	20.00	5.71	8.57	22.86	100.00
Alta							
	Baja	23.53	17.65	17.65	29.41	11.76	100.00
	Media .. .	69.05	8.33	5.36	7.74	9.52	100.00
	Alta	47.55	16.78	4.90	13.29	17.48	100.00
Total		53.42	15.63	6.62	9.00	15.33	100.00

X^2 = 58.67; D. F. = 32; Significativo al .01.

Occupation of husband:

CUADRO 4

Motivos para aceptar la limitación de la familia, según ocupación del marido.

Ocupación del marido	*En ningún caso*	*Salud de la madre*	*Falta de dinero*	*En todos los casos*	*Total*
Profesiones liberales	4.88	23.17	59.76	12.20	100.00
Ger. y Directiv.....	12.28	12.28	69.30	6.14	100.00
Elev. Super.....	11.63	20.93	62.79	4.65	100.00
Baja Supervisión	15.03	18.65	63.21	3.11	100.00
Manuales especializados	20.07	11.90	63.27	4.76	100.00
Semiesp. y no esp.	29.75	12.03	56.96	1.27	100.00
TOTAL	18.18	14.41	62.74	4.67	100.00

X^2 = 56.07; D. F. = 15; Significativo al .01.

Ordonez (cont.)

Against family planning
Educational level of wife:

CUADRO 11

Acuerdo con los motivos en contra de la planificación familiar, según nivel educativo de la mujer.

	De acuerdo			*En desacuerdo*			
Nivel educativo	*Gusta hijos*	*Religión*	*Otros*	*Gusta hijos*	*Religión*	*Otros*	*Total*
Sin educación	37.39	37.89	2.11	9.47	12.63	——	100.00
Prim. 1 a 3 años ..	40.00	37.01	5.97	9.85	6.27	0.90	100.00
Prim. 4 y más	40.48	27.78	3.17	12.70	14.29	1.59	100.00
Prim. completa ...	35.89	27.02	4.44	14.11	15.73	2.82	100.00
Sec. 1 a 3 años ..	26.00	24.50	6.50	7.50	33.50	2.00	100.00
Sec. 4 y más	20.69	21.84	5.75	9.20	41.38	1.15	100.00
Sec. completa	25.00	25.00	——	13.89	36.11	——	100.00
Univ. 1 a 4 años ..	23.08	30.77	——	7.69	38.46	——	100.00
Univ. 5 y más	——	——	——	——	100.00	——	100.00
TOTAL	34.21	29.93	4.80	10.65	18.94	1.48	100.00

X^2 = 159.93; D. F. = 40; Significativo al .01.

Summary according to place of origin

CUADRO 12

Resumen de motivación según lugar de origen.

Lugar de origen	*Favorable*	*Ambivalente*	*En contra*	*Total*
Extranjero	47.37	36.84	15.79	100.00
Bogotá	47.65	39.06	13.30	100.00
Ciudad	47.60	36.40	16.00	100.00
Pueblo o campo	38.69	42.42	18.88	100.00
TOTAL	42.47	40.52	17.00	100.00

X^2 = 13.74; D. F. = 6; Significativo al .05.

3. "Religiosidad y Anticoncepción," Monografía No. 2, Regulación de Natalidad, Conocimientos, Actitudes, y Prácticas de la Población Colombiana, 1968, pp.42-70

Sample — Study completed 1966.

#	: 2000
Sex	: F
Location	: Colombia
Age	: 15-49
Education	: all levels
Ec. Status	: all levels
Fertility	: --
Religiosity	: all levels

High Fertility Attitudes (amonst women attending Pilot Centers of Faculties of Medicine)

1. Lack of information (48.8%)
2. Fear danger to health (14.2%)
3. Religious fears (10.6%)
4. Lack of interest (10.2%)
5. Other reasons (23.8%)

High fertility correlated with years of study

	0-2	3-4	5-6	7-1
1. Lack of information	48.2%	42.5%	32.3%	28.8
2. Desire more children	19.6	19.0	24.8	33.8
3. Contraceptive methods are dangerous	10.6	7.6	11.8	7.4
4. Contraceptive methods are immoral	18.3	15.1	23.5	13.0
5. Don't know why (have never planned a family)	3.9	6.0	4.9	5.4

(The greater the education, the less important the religious factor.)

cont.

(COLOMBIA-cont.)
(3. Religiosidad
y Anticoncepción)

Conclusion of study:

1. Influence of education on knowledge, acceptability and use of contraceptive methods is very great.

2. Frecuency of religious practices have little influence on the acceptation of contraception.

3. Slightly positive correlation between frequency of religious practices and reverence for ecclesiastic norms regarding the use of contraceptives.

4. Greater age correlates positively with greater acceptation of contraception.

4. Asociación Colombiana de Facultades de Medicina, División de Estudios de Población, Centro Piloto de Planificación Familiar, Medellín. Informe de la primera encuesta de opinión a dirigentes de Medellín sobre conocimiento y comportamiento frente a los problemas demográficos y el control de la natalidad, Medellín, Asociación Colombiana de Facultades de Medicina, 1967, 73pp.

Sample

#	: 6 leadership groups of Medellín Society
Sex	: F&M
Location	: Medellín (urban)
Age	: 41 (median age)
Education	: Professionals
Ec. Status	: Upper
Fertility	: low (compared with patients of family planning centers) 3-4 children

High Fertility Attitudes	Low Fertility Attitudes
1. No problem of overpopulation in Colombia, knowing that much of our land is not utilized. (35%)	1. Demographic increase is causing a grave problem for the country. (87%)
2. Problem is inadequate utilization of national resources and not the problem of population. (51%)	2. Health of the mother improves by limiting # of children (89%)
3. Until Church speaks more definitively about birth control, doctors should not prescribe mechanical or chemical means of birth control (40%)	3. Well-being of families at modest level improves with limiting the number of children. (91%)
4. Birth control is part of North America's desire to control the power of growing nations. (17%)	

5. Aguirre, Alfredo. "Colombia: the Family in Candelaria." Studies in Family Planning, No. 11, April, 1966, pp1-5.

Sample

#	: 200
Sex	: M&F (100 couples)
Location	: Candelaria (semi-rural village, pop.5300; 30km from Cali)
Age	: --
Education	: elementary (79%: 3 years of education or less)
Ec. Status	: low (U.S.$23.-30/mo. average income)
Fertility	: very high (1962: rate of over 60/1000); avg. size of family 6.7

High Fertility (why didn't use contraceptivesregularly)

1. Lack of information (58%)
2. Fear of becoming ill (25%)
3. Shame in relation of mate (7%)
4. Negligence (4%)
5. Fear of Church (4%)

Low Fertility Motivations

1. Economic necessity to seek more or less stable marital relationship.

(decreasing per capita income of Colombia has caused an increase in the cost of living and added economic burdens)

Other Comments

Sample demonstrates high fertility yet has low fertility motivation. When offered to them, there was an almost spontaneous acceptance of family planning program. 86% of the couples would have preferred to have 3 children or less.

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6. Mirkow Ospina, Italo. "Algunos Resultados Generales de la Encuesta Piloto de Fecundidad Rural de Cartagena y Manizales," Regulación de Natalidad, Conocimientos, Actitudes y Prácticas de la Población Colombiana, 1968, pp. 86-112.

Sample

	Cartagena	Manizales
#	191	166
Sex	F	F
Location	"Caribbean region"	"Andean region":both rural areas.
Age	15-49	15-49
Education	no education(34.5%)	no education (8.4%)
Ec. Status	(not considered by study)	
Fertility	--	
Regiosity	little religion(45%)	little religion (less than 1%)

High Fertility Attitudes

	% Cartagena	%Manizales
Religion	19.7	76.6
Health	59.0	14.3
Economic reasons	3.3	1.3
Marital problems	1.6	---
Diminishes sexual pleasure	---	1.3
Inefficient	1.6	1.3
Not necessary	3.3	2.6
Like a big family	4.9	1.3
Other	6.6	1.3

Other Comments

61.2% of Cartagena sample and 38% of Manizales sample had no knowledge of family planning idea. After explanation of idea of family planning:

Attitude	Cartagena	Manizales
Seems good	66.5%	39.0%
Neutral	5%	1.3
Doesn't seem good	30.4	45.3
Ambivalent or no response	2.6	14.5

Summary: Attitudes are very different in the 2 zones. For Cartagenians, the principle obstacle is health(59%); for Manizalians, principal obstacle is religion (76.6%).

COLOMBIA-cont.

7. Mendoza-Hoyos, Hernan. "Research Studies on Abortion and Family Planning in Colombia." The Milbank Fund Quarterly, Vol. XLVI, No. 3, July 1968, part 2, pp. 223-236.

(A general summary of other studies)

(From a final report of Jaramillo-Gomez, M.'s Study on Medellin in Public Health Pilot Center No. 13, 1967):

Reasons for Family Planning, By Sex

Reasons	Male		Female	
	No.	%	No.	%
Economic	216	90.8	212	89.1
Children's welfare or future	155	65.1	107	45.0
Health of mother	89	37.4	97	40.7
Other	19	8.0	61	25.6
Interviewees	238		238	

Reasons for Family Planning, By Income Level

Reasons	Annual Family Income (in pesos)			
	Less then 900		900 or more	
	No.	%	No.	%
Economic	140	94.0	72	84.7
Children's welfare or future	63	42.3	44	51.8
Health of mother	54	36.2	42	49.4
Other	28	18.8	31	36.5
Total who answered	149		85	

COSTA RICA

DEMOGRAPHIC BACKGROUND

POPULATION	1965	1970
1.- TOTAL POPULATION.....	1,490,000	1,798,000
2.- DENSITY (Kms.^{2} 50,700)	29	35
3.- PERCENTAGE OF POPULATION UNDER 15 YEARS OF AGE.	48.1	47.9
4.- No. FEMALES 15-49 YEARS	311,000	377,000
5.- PERCENTAGE FEMALES 15-49 YEARS:		
A) OF TOTAL POPULATION	20.9	21.0
B) OF FEMALE POPULATION	42.2	42.4
6.- PERCENTAGE OF URBAN POPULATION	32.5	33.6

SOURCES:

1. Celade: Boletin Demografico. Year 3 No. 6. Santiago de Chile. July 1970. Table I
3.4.&5. Estimates from Basic Data of: CELADE: Boletin Demografico. No. 4. Santiago de Chile. July 1969. Table II
6. Celade: Boletin Demografico. Year 2 No. 3 Santiago de Chile. January 1969. Table II

COSTA RICA

1. González, Quiroga Alberto. "Attitudes Toward Family Planning in Turrialba, Costa Rica." Round Table on Current Research on Fertility and Family Planning in Latin America, (New York:Milbank Memorial Fund), 20pp.

Sample

#	: 120 (60 Couples)
Sex	: M&F
Location	: Turrialba: rural agricultural community of 8,629 inhabitants)
Age	: 24-30 (wife)
Education	: lower (83%: 5 yers. of schooling or less)
Ec. Status	: lower (76%: monthly income below $45 (US)
Fertility	: Avg. # children: 4. This is high since women's ages are 24-30.
Religiosity	: low: only 12.5% agreed with Church on methods of family planning.

Comments and summary of Family Planning Attitudes:

1. 68% of families considered it a duty to their religion and country to raise a large family, but 86% of these felt that their deteriorating economic situation relieved them from this duty. They should have preferred a large family if they could afford it.
2. Of those who believed the Church demands many children, 71.5% desired the same or less children than they already had, 28.5% wanted more children. (ec. reasons)
3. 90% of sample,were able to mention at least one method of birth control and most were aware that family planning existed in Costa Rica, but only 17% reported using any method of birth limitation. (Knowledge of feasibility and methods of family planning is not sufficient grounds for a person deliberately to limit the size of the family.
4. Wives vs.Husbands: Wives are more large-family-minded than husbands. Wives define both "small" and "large" in terms of more children than husbands. Husbands,more favorably motivated toward family planning and were expected to make the decisions in these matters.

2. Gómez B., Miguel. Informe de la Encuesta de Fecundidad en el Area Metropolitana. San José, Costa Rica: Instituto Centro-americano de Estadística, Universidad de Costa Rica, 1968,152pp.

Sample

#	: 2,132
Sex	: F
Location	: Urban sectors of San José
Age	: 20-50
Education	: all levels (avg. 6 years)
Ec. Status	: random, all levels
Fertility	: High (but less than avg. for all of Costa Rica)
Reliogiosity	: --

Low Fertility Attitudes (Birth control methods considered acceptable:

1. If family has little money	52.6%
2. For health reasons	20.2%
3. Other reasons	4.9%
4. Family Planning acceptable in all cases	3.1%
5. No reply	8.0%

High Fertility

1. Family Planning acceptable in no cases.	11.2%
Total	100.0%

cont.

(COSTA RICA-cont.)

Gómez B., Miguel

Other comments

1. 85% of sample realized that the Costa Rican population was growing rapidly. Opinions differed according to economic level.
2. Low economic groups more frequently expressed the belief that the Costa Rican population should climb rapidly in the next 10 years than high economic groups.
3. In reply to the question why respondant did not want more children than an ideal humber which he had stated, respondant said:
   --For economic reasons and the desire to give better living conditions to the children.
   Women had difficulty replying to the question, why not fewer than stated ideals?
4. Those who attended Church more frequent by state a higher ideal number of children.
5. The greater the number of one's own family, the greater the tendancy to favor birth control for other families.
6. Yet 1/3 of women are not willing to receive information on birth control, which seems to contradict the fact that there is a general acceptance of the idea of birth control in the sample with 1/2 of married women using some birth control method.

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3. Waisanen, F.B. and Durlak, Jerome T. A. Survey of Attitudes Related to Costa Rican Population Dynamics. San José, Costa Rica: American International Association for Economic and Social Development, 1966, 189pp. (mimeo) (With an excellent annotated bibliography)

Sample (based on national probability sample)

#	: 1500
Sex	: M&F (45% male; 55%female)
Location	: 420 sample political administrative districts of Costa Rica (metropolitan, urban, and rural-accessible) 60% rural; 12% urban; 28% metropolitan.
Age	: 20 years or older (except 4% of young wives below 20)(random) (77% 1-6 yrs. elementary educ)
Education	: --
Ec. Status	: -- (random) (49% with annual incomes less than U.S.$400)
Fertility	: --
Religiosity	: -- (95% Roman Catholic;78% of them report going to confession;30% of total sample report no attendance at religious services.

Conclusions:

1. 64% believe family planning (or birth control) does not threaten the health of those who practice it; 60% hold that family Planning is morally right; 60% believe it is necessary for the social and economic development of Costa Rica.
2. 43% answered that birth control was always or sometimes justified. (compare with 1963 study in Costa Rica (2 1/2 yrs. earlier) 34% answered same question favorably)- showing that a change in opinion had occurred.
3. 58% perceive the future possibility that Costa Rica might have too many people; only 11% forsee the future with too many people.
4. High aspirations of education for children (47% wanted university education for their children).
5. Lack of money, poverty,lack of education and other socio-economic barriers are perceived as main obstacles to personal progress (58%) but 14% perceive obstacles as personal idiosyncracies (eg. "lack of ambition.").

(cont.)

COSTA RICA-cont.

(Waisanen, cont.)

Statistically significant correlations of attitude toward famiy planning.

1. Younger are more favorable toward family planning than the older.
2. Higher educational achievement, the more favorable the attitude toward family planning.
3. Males are more favorable than females toward family planning.
4. People in urban residence are more favorable toward family planning than rural.
5. Married respondants are more favorable toward family planning than the single.
6. The greater the religious activity, the more unfavorable the attitude toward family planning.
7. The greater the mass media use, the more favorable the attitude toward family planning.
8. The higher the perceived credibility of (a) mass media, (b) specialists not known personally and (c) friends, neighbors and relatives, the more favorable the attitude toward family planning.
9. The greater the knowledge of fertility and reproductive processes, the more favorable the attitude toward family planning.
10. The more accurate the estimate of Costa Rica's 1965 population, the more favorable the attitude toward family planning.
11. The more favorable the assessment of personal life conditions at the present time, the more favorable the attitude toward family planning.
12. The greater the perception of self as being "innovative" (ie. looking for new ways to do things) the more favorable the attitude toward family planning.
13. The persons who are most unfavorable toward family planning are more likely to emphasize the important role which religion plays in their lives.

cont.

COSTA RICA-cont.

(Waisanen, cont.)

14. Those who feel that it would be best for the population of Costa Rica to decrease or stay the same have a more favorable attitude toward family planning then those who feel it would be better for the population to increase.
15. Religious conformity and religious orthodoxy are both negatively correlated with attitudes toward family planning.
16. Those who are more favorable toward family planning have higher educational aspirations for their children and greater confidence in the attainability of these aspirations.
17. Those who have parents or grandparents who immigrated to Costa Rica have more favorable attitudes toward family planning.
18. Those who have more favorable attitudes toward family planning are more "potentially mobile."

GUATEMALA

DEMOGRAPHIC BACKGROUND

POPULATION	1965	1970
1.- TOTAL POPULATION.....	4,497,000	5,179,000
2.- DENSITY (Kms^2 108,889)	41	48
3.- PERCENTAGE OF POPULATION UNDER 15 YEARS OF AGE.	46.6	45.7
4.- No. FEMALES 15-49 YEARS	972,000	1,139,000
5.- PERCENTAGE FEMALES 15-49 YEARS:		
A) OF TOTAL POPULATION	21,6	22.0
B) OF FEMALE POPULATION	43.9	44.6
6.- PERCENTAGE OF URBAN POPULATION	29.4	30.8

SOURCES:

1. Celade: Boletín Demografico. Year 3 No. 6. Santiago de Chile. July 1970. Table I
3.4.&5. Estimates from Basic Data of: CELADE: Boletin Demografico. No. 4. Santiago de Chile. July 1969. Table II
6. Celade: Boletin Demografico. Year 2 No. 3 Santiago de Chile. January 1969. Table II

GUATEMALA

1. Instituto Centroamericano de Población y Familia. Actitudes de Obstetras y Ginecólogos de Guatemala sobre la Regulación de la Natalidad. Guatemala, Ediciones ICAPF-IDESAC, Vol.1, 1968. 46pp.

Sample

#	: 63 doctors (OB-GYN)
Sex	: M&F (98.5% male; 1.5% female)
Location	: --
Age	: --
Education	: high
Ec. Status	: high
Fertility	: --
Religiosity	: 83% of physicians were Catholics

Low Fertility Attitudes (Favoring a government policy of birth control)

84%: There should be a policy of birth control.
12%: No, there should not be a policy of birth control.

Reasons pro:
1. Demographic reasons (33%)
2. Socio-economic reasons (55%)
3. Other (12%)
4. To diminish criminal abortion (0)
5. To achieve responsible parenthood (0)

Comment: More religious doctors counsel contraceptive methods less frequently than less religious doctors.

HAITI

DEMOGRAPHIC BACKGROUND

POPULATION	1965	1970
1.- TOTAL POPULATION.....	4,633,000	5,229,000
2.- DENSITY (Kms^2 27,750)	167	188
3.- PERCENTAGE OF POPULATION UNDER 15 YEARS OF AGE.	42.2	42.5
4.- No. FEMALES 15-49 YEARS	1,075,000	1,204,000
5.- PERCENTAGE FEMALES 15-49 YEARS:		
A) OF TOTAL POPULATION	23.2	23.0
B) OF FEMALE POPULATION	46.9	46.4
6.- PERCENTAGE OF URBAN POPULATION	14.6	17.3

SOURCES:

1. Celade: Boletín Demografico. Year 3 No. 6. Santiago de Chile. July 1970. Table I

3.4.&5. Estimates from Basic Data of: CELADE: Boletin Demografico. No. 4. Santiago de Chile. July 1969. Table II

6. Celade: Boletin Demografico. Year 2 No. 3 Santiago de Chile. January 1969. Table II

HAITI

1. Stycos, J. Mayone. "Actitudes Haitianas con respecto a dimisión de la Familia." Fecundidad en América Latina: Perspectivas sociológicas. Bogotá: Ediciones Tercer Mundo, S. A., 1968, 322 pp.

Sample

#	: 89
Sex	: F- 45; M-44
Location	: Village of about 200 families situated 70 miles from the Capital.
Age	: -- .
Education	: low
Ec. Status	: - (Agricultural workers)
Fertility	: (avg. 4.6 members/family)
Religiosity	: - (91% of family heads, Catholic)

Family Planning Attitudes

Primary attitude: "It's in the hands of God." (70%)
Of those few who could give a preference for a small or large family, the primary reason for a small is economic.
Asked if anything can be done to prevent conception, the majority replied negatively: "because God is responsible for children," and "there are some who use magic to kill children--only the unmarried do this."

HONDURAS

DEMOGRAPHIC BACKGROUND

POPULATION	1965	1970
1.- TOTAL POPULATION.....	2,182,000	2,583,000
2.- DENSITY (Kms^2 112,088)	19	23
3.- PERCENTAGE OF POPULATION UNDER 15 YEARS OF AGE.	47.6	46.7
4.- No. FEMALES 15-49 YEARS	483,000	584,000
5.- PERCENTAGE FEMALES 15-49 YEARS:		
A) OF TOTAL POPULATION	22.1	22.6
B) OF FEMALE POPULATION	44.2	45.2
6.- PERCENTAGE OF URBAN POPULATION	24.2	27.7

SOURCES:

1. Celade: Boletín Demografico. Year 3 No. 6. Santiago de Chile. July 1970. Table I
3.4.&5. Estimates from Basic Data of: CELADE: Boletin Demografico. No. 4. Santiago de Chile. July 1969. Table II
6. Celade: Boletin Demografico. Year 2 No. 3 Santiago de Chile. January 1969. Table II

HONDURAS

1. Laitano, Corina de and Pastora Martínez Juárez. "Resultado de la Investigación Realizada en cuatro barrios de Tegucigalpa sobre el conocimiento, aceptación y práctica de la planificación familiar." Planificación de Familia en Tegucigalpa, su Conocimiento y Aceptación (Dissertation) Secretaría de Estado en los Despachos de Trabajo y Previsión Social. Tegucigalpa, D. C., Honduras, 1964, pp. 44-55.

Sample

#	: 174
Sex	: women
Location	: 4 areas of Tegucigalpa
Age	: all ages
Education	: Majority only primary education
Ec. Status	: all levels
Fertility	: --
Religiosity	: 90% Catholic. 92.53% of Catholics believe it is not a sin to prevent conception.

No attitudinal information

21.78% of those interviewed plan their families
32.18% know what family planning means.
95.97% would like to know about contraceptive methods.

JAMAICA

DEMOGRAPHIC BACKGROUND

POPULATION	1965	1969
1.- TOTAL POPULATION.....	1,791,000	1,959,000
2.- DENSITY (Kms^2 10,962)	163	179
3.- PERCENTAGE OF POPULATION UNDER 15 YEARS OF AGE	41.2(1960)	41.2(1960)
4.- NO. FEMALES 15-49 YEARS	429,900	470,200
5.- PERCENTAGE FEMALES 15-49 YEARS:		
A) OF TOTAL POPULATION	24.0(1960)	24.0(1960)
B) OF FEMALE POPULATION	46.2(1960)	46.2(1960)
6.- PERCENTAGE OF URBAN POPULATION		

SOURCES:

1. United Nations Demographic Yearbook, New York 1970, Table 4.

3,4,5 United Nations Demographic Yearbook, New York 1970, Table 6.

JAMAICA

1. Smith, Karl A. "Current Research on Family Planning in Jamaica." Round Table on Current Research on Fertility and Family Planning in Latin America. (New York, Oct. 17-19, 1967), New York, Milbank Memorial Fund, 16.pp.

Sample

#	: 728 (353 men, 375 women)
Sex	: F&M
Location	: rural Jamaica
Age	: 15-64
Education	: low
Ec. Status	: lower socio-economic groups
Fertility	: --
Religiosity	: --

High Fertility Attitudes

1. They or their spouses were too old (38.5%)
2. Birth control is sinful
3. Birth control would cause the loss of potential genius (10%)
4. One should have out one's lot
5. Fear of ill health from birth control devices.

Other comments

1. When asked whether the respondant would make use of birth control service if available, 48.5% said yes, 61.6% said perhaps, 44.9% said no.
2. The percentage of people ready to use birth control is quite small.
3. Many men are obstructive to family planning.

2. Stycos, J. Mayone; and Back, Kurt W. The Control of Human Fertility in Jamaica. Ithaca, N. Y.: Cornell University Press, 1964, 377 pp.
(Study is similar to the Puerto Rican study by Hill, Back and Stycos)

Sample (Project initiated in 1953)

#	: 1359
Sex	: F
Location	: urban, rural and town
Age	: 14-40 (avg. 28 yrs.)
Ec. Status	: Lower class
Education	: Below 6th grade
Religiosity	: (Majority-Protestant; 10% Kingston women-Catholic
	7% towns " "
	6% country " "
	Less than 1/4 attend services weekly.
Fertility	:(38.1 birth rate/ 8.8 crude death rate-1958)

Attitude Toward Birth Control:

Question	Response	Total	Urban	Rural (in%)
1. Who has the right to keep from having too many children, all couples, some or nobody?	Nobody	33	22	39
	Some	51	59	47
	All	14	18	12
	No answer	2	1	2
2. Some people think that birth control is good and other people think it is bad. What do you think?	Disapproves	37	28	42
	Ambivalent	9	11	9
	Approves	50	58	47
	No answer	4	3	2

cont.

JAMAICA-cont

Stycos-cont.

Question	Response	Total	Urban	Rural	(in%)
3. What do you think of those persons who go around telling the people to use birth control?	Disapproves	28	18	32	
	Ambivalent	19	18	19	
	Approves	48	57	44	
	No answer	5	7	5	
4. What do you think of using birth control to put off having children so that there would be a longer time between each child?	Disapproves	15	12	15	
	Ambivalent	5	2	7	
	Approves	78	84	74	
	No answer	2	2	4	
5. If there was a pill you could swallow once a month that would keep you from making a baby, would you take it?	No	16	12	19	
	Yes, if major objection removed	12	10	13	
	yes	70	77	67	
	no answer	2	1	1	

High Fertility Attitudes (Reasons for refusal of contraceptive pill)

	% of reasons	
Want to have children	19	
Want to hava more children	13	
Harmful or might cause death	12	
Cannot swallow pills	11	
Sinful	10	
Must have due number children	8	
Would take only if doctor advised	8	# reasons: 386
Might cause sterility	4	# Women: 345
General disapproval of birth control	4	
Other	8	
No answer	3	
	100	

cont.

JAMAICA-cont.

Stycos cont.

Conclusions

1. Over 50% of respondants associated the desire for an unlimited number of children with an ignorant class of people or with a rich class which could afford large families.

2. Average women in the sample believes the ideal number of children is between 3-4.

3. Less then 1/3 of women were opposed to birth control.

4. Adoption of family planning was significantly greater in urban than in rural areas because of the superior educational levels of urban women.

5. Residence and education are both related to attitudes toward birth control. Urban women, with a higher education; older women; and women with large families are most approving of birth control.

MEXICO

DEMOGRAPHIC BACKGROUND

POPULATION	1965	1970
1.- TOTAL POPULATION.....	42,696,000	50,718,000
2.- DENSITY (Kms^2 1,972,546)	22	26
3.- PERCENTAGE OF POPULATION UNDER 15 YEARS OF AGE.	46.2	46.4
4.- No. FEMALES 15-49 YEARS	9,459,000	11,153,000
5.- PERCENTAGE FEMALES 15-49 YEARS:		
A) OF TOTAL POPULATION	22.2	22.0
B) OF FEMALE POPULATION	44.4	44.1
6.- PERCENTAGE OF URBAN POPULATION	58.3	62.3

SOURCES:

1. Celade: Boletín Demografico. Year 3 No. 6. Santiago de Chile. July 1970. Table I

3.4.&5. Estimates from Basic Data of: CELADE: Boletin Demografico. No. 4. Santiago de Chile. July 1969. Table II

6. Celade: Boletin Demografico. Year 2 No. 3 Santiago de Chile. January 1969. Table II

MEXICO

1. Fundación para Estudios de Población A. C. Encuesta Directa sobre Actitudes Familiares realizada por los alumnos del curso de Demografía y Seguridad Social, impartido en la Facultad de Economía de la Universidad Nacional, por el Lic. Gilberto Loyo, México, Asociación para Estudios de Población. A.C. 1969, 43pp.

Sample

#	: 666
Sex	: F
Location	: Mexico City (60% were born in interior of Mexico)
Age	: 15-44 (79.7%)
Education	: all levels (92% literate; 37.6 between 4-6yrs. studies)
Ec. Status	: low; majority below minimum salary of Mexico, D. F., in 1966.
Fertility	: (73.6% are aware that families voluntarily limit size of families. 26.4% are ignorant that families voluntarily limit size of families)
Religiosity	: --

Low Fertility Attitudes

Reasons given for not having more children were:
1. Economic difficulties: 28.5%
2. Educational difficulties: 25.5%
3. Both educational and economic 14.0%
4. Better attention and care to children: 4.8%
5. Other : 22.7%
6. No reply: 4.5%

(1. + 2. + 3. = 68%)

2. Zarate, Alvan O. "Differential Fertility in Monterrey, Mexico, Prelude to Transition? The Milbank Memorial Fund Quarterly, April 1967, pp.93-108

Sample

#	: 1640
Sex	: M
Location	: Metropolitan area of Monterrey, Mexico. (95,000 inhabitants in 1965, center of Mexican heavy industry.)
Age	: 21-60
Ec. Status	: all levels (slightly skewed to upper income)
Education	: Majority had 6 years or less education (59.4%)
Fertility	: High (mean number of live births to all ages: 4.26-higher than other Latin American cities.)
Religiosity:	--

General Comments

1. Data indicate that rural-urban migration is a major factor accounting for the high fertility found in Monterrey. (fertility in urban area has risen to approximate rural levels)
2. The spread of education and economic benefits do not seem to be enough to cause a decline in fertility. Monterrey, a large industrial city, has very high levels of fertility and even in the strata where the lowest fertility is found (upper income, educational and occupational categories), fertility levels exceed that in the total population of several other cities.

NICARAGUA

DEMOGRAPHIC BACKGROUND

POPULATION	1965	1970
1.- TOTAL POPULATION.....	1,745,000	2,021,000
2.- DENSITY (Kms^2 130,000)	13	16
3.- PERCENTAGE OF POPULATION UNDER 15 YEARS OF AGE.	47.7	47.1
4.- No. FEMALES 15-49 YEARS	369,000	435,000
5.- PERCENTAGE FEMALES 15-49 YEARS:		
A) OF TOTAL POPULATION	21.1	21.5
B) OF FEMALE POPULATION	42.7	43.4
6.- PERCENTAGE OF URBAN POPULATION	37.1	40.0

SOURCES:

1. Celade: Boletín Demografico. Year 3 No. 6. Santiago de Chile. July 1970. Table I
3.4.&5. Estimates from Basic Data of: CELADE: Boletin Demografico. No. 4. Santiago de Chile. July 1969. Table II
6. Celade: Boletin Demografico. Year 2 No. 3 Santiago de Chile. January 1969. Table II

NICARAGUA

1. Perez Fonseca, Dr. Jose Ivan;and Almanza M., Luis Felipe. Encuesta sobre aborto inducido, conocimiento y uso de anti-conceptivos en la ciudad de Managua (Sept. 1968). Managua, Nicaragua: Instituto Nacional de Seguridad Social, Feb.1970, 55pp.

(Study constructed to be comparable with CELADE comparative studies see-Miro) First study of this kind in Nicaragua-Study done 1968.

Sample

#	: 1168
Sex	: F
Location	: Urban Managua (43.9% born in Managua 52.2% from the rest of the country 3.9% foreign)
Age	: 15-49
Education	: -(59% only primary education)
Ec. Status	: -
Fertility	: - (generally high)
Religiosity	: - (93% Catholic; 6.5% Protestant)

Conclusions

1. 92% of Managuan women of reproductive age have always lived in cities.

2. 921 or 80% of women said they know of at least one method (considered high for a population with these socio-cultural-religious characteristics), with 42% having used a method.

cont.

Perez-Fonseca-cont.

3. Higher the education, the greater the knowledge of contraceptive methods.

4. Reasons for stopping use of contraceptive methods are:
   a. Pregnancy
   b. Complaints of the woman
   c. Desire to have another child
   d. Desire of the woman to change methods
      (High cost was not considered as a cause)

5. Many women who know about contraceptives but don't use them, say they don't because of the fear of using something whose mode of action they do not understand.

PERU

DEMOGRAPHIC BACKGROUND

POPULATION	1965	1970
1.- TOTAL POPULATION.....	11,649,000	13,586,000
2.- DENSITY (Kms^2 1,285,216)	9	11
3.- PERCENTAGE OF POPULATION UNDER 15 YEARS OF AGE.	45.0	45.0
4.- No. FEMALES 15-49 YEARS	2,590,000	3,019,000
5.- PERCENTAGE FEMALES 15-49 YEARS:		
A) OF TOTAL POPULATION	22.2	22.2
B) OF FEMALE POPULATION	44.7	44.7
6.- PERCENTAGE OF URBAN POPULATION	44.1	49.2

SOURCES:

1. Celade: Boletín Demografico. Year 3 No. 6. Santiago de Chile. July 1970. Table I
3.4.&5. Estimates from Basic Data of: CELADE: Boletin Demografico. No. 4. Santiago de Chile. July 1969. Table II
6. Celade: Boletin Demografico. Year 2 No. 3 Santiago de Chile. January 1969. Table II

PERU

1. Centro de Estudios de Población y Desarrollo. Actitud de los Habitantes de la Ciudad de Lima sobre el Tamaño de la Familia. Lima; Centro de Estudios de Población y Desarrollo, (n.d 1966,), 68pp.

Sample

#	: --
Sex	: M&F - Skewed slightly to females
Location	: Lima
Age.	: all ages
Education	: all educational levels
Ec. Status	: cross-section of economy, skewed slightly to higher socio-economic level than avg. of Lima.
Fertility	: (55% low socio-economic level)

High Fertility Attitudes (desire 3 children	Low Fertility (6-8 Children)
1. Larger family (8children) contributes more to the general development of the country. Raised children who can serve the country, give more labor, etc.	1. Economic reasons.
2. Greater happiness with more children.	2. Educate and raise children better.
3. More unity in the home.	3. Families with fewer children live better.
4. Live happy and peaceful lives because there's more to do in the home.	4. Fewer problems in the home.
5. Must have the children that God sends.	
6. Can educate and rear children better if there are more of them.	

2. Centro de Estudios de Población y Desarrollo. Actitud de la Mujer Frente a la Gestación, Encuesta a 939 Parturientas. Lima: Centro de Estudios de Población y Desarrollo, 1966.

Sample

#	: 939
Sex	: F
Location	: Lima (including women born in coastal area (67%) selva; (5.4%) sierra; (26.2%)
Age	: 20-40 (median age 25)
Education	: low educ. (1/3: only primary educ. or less; 78% secondary educ. or less)
Ec. Status	: low, (avg. family income/month S/3,854.
Fertility	: avg. size of family: 5.7 persons 1/3 of respondants said they used some form of contraceptive.

Low Fertility Attitudes

Economic reasons: Primary motivation of sample, 23.4%

	In General	Those using Contra.	Non users
1. Economic reasons	53.1%	67.5%	45.4%
2. Complications of pregnancy	7.8%	9.8%	7.0%
3. Problem of educating children	6.9%	8.3%	4.6%

Other Comments

Users of contraceptives were motivated by:

a professional (25%)
others considered experienced (75%)

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3. Hall, M - Francoise. "Family Planning in Lima, Peru," The Milbank Memorial Fund Quarterly, Vol. XLIII, No. 4, Oct. 1965, pp. 100-112.

Sample

#	: 500
Sex	: F
Location	: Lima
Age	: --
Education	: --
Ec. Status	: cross-section
Fertility	: --
Religiosity	: --

Only comment on fertility attitudes:

Q. Do you think that all women should limit the number of their children, or do you think that they should have all the children they are able to conceive?

Low Fertility attitudes expressed by 71% upper-socio economic level.

90% middle socio-economic level.

67% low socio-economic level.

PERU

4. Salazar H., Julia. "Aspectos Demográficos de la Fecundidad en Lima Metropolitana," Boletín de Análisis Demográfico, Lima Perú: Ministerio de Hacienda y Comercio, Dirección General de Estadística y Censos No. 8, 1968, 76pp.

Sample

(Based on the Investigation of Immigration of Lima in 1965 prepared by CELADE)

#	: 10,732 (3,512 women 15 yrs. and older)
Sex	: M&F
Location	: Metropolitan Lima
Age	: Random
Education	: Random
Ec. Status	: Random
Fertility	: (Lima: Lowest fertility in Perú, similar to other South American cities.
Religiosity	: --

No attitude information

Other Comments

1. Low fertility is directly proportional to high level of education and age.
2. Relation between fertility and number of years of work is of almost the same magnitude as relation between fertility and level of education.
3. Higher fertility among women who migrated to Lima than among women native to Lima.

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5. Oficina Nacional de Estadística y Censos: Informe de la Encuesta de Fecundidad en el Agustino, Lima. Lima, Perú: Oficina Nacional de Estadística y Censo, 1969 129pp.

Sample (Study made in 1967)

#	: 100
Sex	: F
Location	: Agustino, slum area of Lima, a district created in 1965, 100.000 inhabitants.
Age.	: 15-49 (29.3 avg. age; 28.5 median age.)
Education	: low (36.2% had no formal education; young were better educated)
Ec. Status	: low
Fertility	: much higher than Metropolitan Lima
Religiosity	: 97.4% Catholic with less than half attending church once or twice per month or more frequently.

High Fertility Attitudes (against the use of contraceptive methods: 239 cases)

1. Health reasons:	51.0%
2. Religious or moral reasons:	13.4%
3. Others :	12.6%
4. No need to use it :	6.7%
5. Like a large family:	2.1%
6. Is not efficient:	0.8%
7. Creates matrimonial problems:	0.4%
8. No information. Doesn't know what to think:	6.3%
9. No reply:	6.7%

Other Comments:

1. 86.8% of the interviewed females considered a small family as an advantage justifying their opinions on mainly economic reasons.
2. 50.2% knew that means existed to avoid pregnancy.
3. 73.2% of surveyed women were in favor of contraception: Of those in favor, 40.2% were for health reasons. Of those opposed, 51% objected for health reasons.
4. Negative relationship between educational level and fertility (aveg. number of children born alive).
5. Economic activity is hardly responsible for differential fertility rate among the population.
6. No influence of religious observances or practice on fertility.
7. Incidence of abortion is the least among lowest socio-economic status class.

PERU-cont.

6. Stycos, J. Mayone. "Clase Social y Dimensión preferida de la Familia en el Perú." Fecundidad en América Latina: perspectivas sociológicos, Bogot-a, Ediciones Tercer Mundo, S. A., 1968 pp. 146-60

Sample (Study done 1960-1)

#	: 2000	344
Sex	: F	F
Location	: Lima,Peru	Huaylas, Perú (altiplano)
Age	: 20-44	
Education	: --	
Ec. Status	: all levels	
Fertility	: --	
Religiosity	: --	

Conclusions:

1. The higher the class, the lower the fertility.
2. Desired number of children: Huaylas: 5 is average
   Lima: 4.7avg. for highest class
   4.0avg. for lowest class.
3. Lower class Lima women want fewer children and are more sensitive to the economic implications of additional children than the women of high class with the same number of children.

MISCELLANEOUS

Miscellaneous Studies

1. Miró, Carmen A. "Some Misconceptions Disproved: A Program of Comparative Fertility Surveys in Latin America." Family Planning and Population Programs, (Bernard Berelson, et al.,eds), Chicago University Press, 1966, 615-634pp.

(Comparative study of 7 capitals by CELADE: Colombia, Argentina, Venezuela, Mexico, Panama, Brazil and Costa Rica.)

Sample (Field work: 1963-64)

#	: 2000 (in each city)
Sex	: F
Location	: Bogotá, Buenos Aires, Caracas, Mexico City, Panama City, Rio de Janeiro y San Jose.
Age.	: 20-50
Education	: random
Ec. Status	: random
Fertility	: random
Religiosity	: random

No information about attitudes towards birth control.

Conclusions:

1. Strong indications that women are not prejudiced against measures to reduce their fertility.

2. Behavior of Catholic women does not seem to be very different from that of other women.

3. Fertility, as measured by the average number of live births, exceeds in several cities the level that would have been expected in view of the high degree of urbanization.

4. Buenos Aires appears to be in the last phase of demographic transition, in which low general patterns of fertility seem to have spread to women of almost every socioeconomic status.

Cont.

Miró, Carmen A. cont.

5. Rio de Janeiro seems to be entering the period of declining fertility, followed by Panama.

6. Place of birth, educational level, and working condition of the woman as well as the occupational status of her husband have strong bearing on reproductive behavior in terms of actual number of live children born.

7. Contraceptive practices are very different in the various cities and there seems to be a clear relationship between the prevalence of contraception and the level of fertility. Even what appears to be the less contraceptive-minded society (Mexico City) shows a proportion of women in legal and common-law marriage who declared having ever used contraceptives which is not low (37.5%).

8. The more widely used methods of contraception in five of the cities surveyed are the less effective ones. This in some way appears to be related to knowledge of the different methods.

9. In most of the cities fertility values continue to be those associated with traditional societies. These values seem to be exercising some influence in the ultimate size of family achieved.

Miscellaneous Studies-cont.

2. Miró Carmen A. and Rath, Ferdinand, "Preliminary Findings of Comparative Fertility Surveys in Three Latin American Cities," The Milbank Memorial Fund Quarterly, Vol. 43, #4, Oct. 1965, pp.36-68

(Comparative study of Panama City, Rio de Janeiro y San José)

Sample — Field Work: 1963-64

#	: 2,00 in each city
Age	: 20-50
Location	: Panama City, Rio de Janeiro, San José: in each city, 50% of the women interviewed were born outside the city.
Sex	: F
Education	: (Panama City-53.3% had at least 1 yr. secondary schooling. Rio de Janeiro: 33.2% Schooling San José- 32.3%)
Ec. Level	: --
Fertility	: --
Religiosity	: --

(Information regarding attitudes toward family planning was on the questionnaire but at the time of writing (1965) was not available.)

Conclusions:

An inverse relationship between educational level and average number of live births was found except in Rio where a positive relation between education and ideal number of children existed.

3. Ericksen, E. Gordon. "Fertility Expectations: St. Lucia and Grenada." The West Indies Population Problem: Dimensions for Action, University of Kansas Publications, 1962, pp.129-158

Comparative study of St. Lucia and Grenada

Sample

#	: 100 (29: St. Lucia; 71 : Grenada)
Sex	: F
Location	; St. Lucia and Grenada: from 6 communities, 2 villages and 1 central city in each country.
Age	: (median age 17.85)
Education	: --
Ec. Status	: --
Fertility	: --
Religiosity	: -- (St. Lucians attend church more frecuently than Grenadians and consider themselves to be more religious).

Conclusions

1. St. Lucians-less inclined to take the pill than Grenadians and are less inclined to avoid pregnancy when unmarried.

2. Greater resistance to use of contraceptives on part of urban girls than rural.

3. Islands are composed of internally diverse island peoples-cultural pluralism is documented by the study.

4. Catholic churches and schools in particular appear to have failed in exercising sweeping controls over extramarital sex relations and the use of contraceptives.

cont.

Ericksen, E. Gordon-cont.

5. Family Planners concerned with finding the most responsive locus for fertility control should concentrate their efforts on those communities and social groups that cultivate the following type of adolescent girl.

   a. Girl of Grenadian residence, will be more cooperative than St. Lucian although needing less assistance.

   b. Girl who is average-to-not-very- religious (faith itself not being too important, ie. in Grenada)

   c. Girl who feels she had "about right" number **or** "too many" siblings.

   d. Girl of rural residence.

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4. Harewood, Jack, "Fertility and Family Planning in the Caribbean." Demography, Vol. V, No. 2 Dec. 1968, pp. 874-894.

Summary of Government attitudes as of 1968 in the Caribbean.

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5. Stycos, J. Mayone. "Opposition to Family Planning in Latin America: Conservative Nationalism." Demography, Vol. 5, No. 2 1968, pp. 846-54

Discussion of opposition to family planning in Latin America from the Church, Marxists, and nationalists as represented by three Latin Americans: a Peruvian, a Colombian, and a Salvadorean.

Peru: Felix Cruzat Alegre, lawyer.

1. Poverty is not caused by overpopulation but by archaic socio-economic structures.
2. Family planning represents North America's desire to keep underdeveloped countries weak and underdeveloped.
3. Greater population caused expanded internal markets causing social changes.

Colombia: Hernan Vergara (phychiatrist)

1. Family Planning programs are a conspiracy of U.S. and alledged anti-Catholicism of certain liberal party members.
2. Philosophy, motivation and strategy for movement is essentially alien.
3. White Catholics want to slow down procreation of racially mixed, tropical and Catholic Latin Americans.
4. Fear of extinction by clever and poweful foe.

El Salvador: Napoleon Viera Altamirano (journalist)

1. Charges racial genocide against North American family planners.
2. Error that population growth is falling behind increase in food production.
3. Fallacious and deceiving argument that demographic growth lags behind economic growth.

Miscellaneous Studies=cont.

6. Stycos, J. Mayone. "Anticoncepción y Catolicismo en América Latina." Fecundidad en América Latina: perspectivas sociológicas. Bogotá: Ediciones Tercer Mundo, S. A., 1968, 322pp.

Comparative study of Latin America from KAP studies done by CELADE 1963-64 together with Cornell University. Studies were done in 7 Latin American cities and later in San Salvador(1964).

Sample

#	:2000 (in each capital
Sex	: F
Location	: Bogotá, Buenos Aires, Caracas, Mexico City, Panama City, Rio de Janeiro, San José (and San Salvador)
Age	: "Reproductive"
Education	: --
Ec. Status	: --
Fertility	: --
Religiosity	: --

Conclusions:

1. Persistance of a high birth rate in Latin America cannot be attributed to conditions of a population which is predominantly Catholic, rather to the retarded socio-economic conditions in which population lives (at least in Latin America capitals).
2. Average number of children desired: 3-4
3. No important differences found between Catholic and non-Catholic women in attitudes in respect to contraceptive practices or fertility. (The average Catholic woman is not very"Catholic" as regards Church rules.)

cont.

CUADRO Nº 2.

Asistencia a Misa y práctica de comunión según el nivel educacional

Ciudad	Número de mujeres casadas, católicas	Porcentaje que asiste a Misa Semanalmente			Porcentaje que recibe la Comunión más de una vez al año		
		Total	<Escuela Primaria	=Escuela >Primaria	Total	<Escuela Primaria	=Escuela >Primaria
Bogotá	1522	68	62	75	49	45	52
Caracas	1251	34	24	43	29	23	35
Lima	1995	49	39	65	—	—	—
Ciudad de México	1527	60	56	63	30	27	33
Ciudad de Panamá ...	1330	41	24	48	32	23	40
Río de Janeiro	1491	27	22	32	24	22	25
San José	1261	67	62	71	24	22	25
San Salvador (a)	1647	—	58	67	—	—	—

(a) Estas informaciones incluyen a mujeres no-católicas y se refieren a una asistencia mensual a los servicios religiosos. Las categorías educacionales consideran a las mujeres con "menos de seis años de educación" y a las con "más de seis años de educación". Ver Gómez, *op. cit.*

CUADRO Nº 3

MEDIANA DEL TAMAÑO IDEAL DE LA FAMILIA (a) SEGUN EDUCACION Y PRACTICA RELIGIOSA

Ciudad	*Total*	*Menos que Educación Primaria*			*Educación Primaria o más*		
		Nominales	*Marginales*	*Devotas*	*Nominales*	*Marginales*	*Devotas*
Bogotá	3.7	3.5	3.6	3.9	3.3	3.7	4.0
Caracas	3.6	3.8	3.6	3.8	3.5	3.3	3.7
Lima	—	3.7		3.8	3.6		4.1
Ciudad de México	4.1	4.5	4.4	4.9	3.7	3.9	4.1
Ciudad de Panamá	3.3	3.7	3.9	3.7	3.5	3.6	2.8
Río de Janeiro	2.4	2.2	2.6	2.5	2.2	2.3	2.9
San José	3.8	3.5	4.2	4.4	3.4	3.7	4.1
San Salvador (b)	3.9	3.7		3.9	5.1		5.4

(a) Al computar la mediana, se eligieron los límites de clase de cada dígito, de esta manera un número entero (2, 3, 4, etc.) correspondería al punto medio del intervalo. Las categorías abiertas tales como "tantos cuantos Dios envíe", fueron incluidas en el extremo más alto del continuum al calcular las medianas. El método para calcular las medianas en el estudio de San Salvador no está especificado y, las medianas de 5.1 y 5.4 para las mujeres con más educación reflejan, probablemente, errores de cálculo ya que ambas son inconsistentes y no plausibles de acuerdo a otras informaciones de la misma tabla de la cual fueron tomadas. Ver C. Gómez, "Religión, Education and Fertility Control..." *op. cit.*, Cuadro Nº 1.

(b) Las categorías de religiosidad hacen la distinción entre las mujeres que asisten a la Iglesia una vez al mes o más, y aquellas que asisten con menos frecuencia. Ver nota (a), Cuadro Nº 2.

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